

State License Number: _____ Class: ATA ATB Endorsement: E R C**Licensee Information**First Name: _____ MI: _____ Last Name: _____
Home address: _____
City: _____ State: _____ Zip: _____
Driver's License Number: _____ State: _____ Exp. Date: _____
Home Phone Number: (____) _____ Cell Phone Number: (____) _____
Email: _____**Business Information (must be same as business affiliation on state license and/or website)**Company Name or DBA: _____ Business Phone: (____) _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Email provided will be used to send important information:
_____**Authorized Signatures to Purchase Permits in Person**

Please Provide Full Name as on Driver's License:

1. _____ 3. _____
2. _____ 4. _____**Request to Retire a Signature**

Please Provide Full Name:

1. _____ 3. _____
2. _____ 4. _____**Licensee Signature**

License Signature: _____ Date: _____

Notary InformationSubscribed and sworn to before me by affiant this _____ day of _____, 20 _____
_____.

NOTARY PUBLIC

Mechanical Inspections Contact Information**Phone Number:** 832-394-8850**Physical Address:** 1002 Washington Avenue, 4th Floor.**Email:** mechanicalsection@houstontx.gov**Mailing Address:** P.O. Box 2688
Houston, TX 77252-2688**FOR OFFICE USE ONLY**

Receipt Number: _____ Date: _____ Processed By: _____